

# **EXHIBIT**

**2**

# Invoice

Bill To:

Name: Certain Care LLC  
Address: 24700 Center Ridge Rd. #250  
City/State/Zip Code: Westlake, OH 44145  
Tel/Fax: 440-250-8653

Date: 12-15-15

Name: Melissa Henneey

DUE UPON RECEIPT

Day of the Week	Date	Time (In - Out)	Client	Total Hours	Rate/hr	Total
Thursday	12-3	12pm - 3pm	Seltzer	20		\$ 260
Friday	12-4	11am - 3pm	Seltzer	21		\$ 273
Monday	12-7	11am - 3pm	Seltzer	21		\$ 273
	12-7	6am - 9am		2		\$ 26
Thursday	12-10	11am - 3pm	Seltzer	21		\$ 273
Saturday	12-12	9am - 3pm	Seltzer	23		\$ 299
Monday	12-14	11am - 3pm	Seltzer	21		\$ 273
	12-14	6am - 9am		2		\$ 26
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

Total 131 x 13 = \$ 1703

Signature: X Melissa Henneey

Thank You for Your Business

1624

# Invoice

Bill To:

Name: Certain Care LLC  
 Address: 24700 Center Ridge Rd. #250  
 City/State/Zip Code: Westlake, OH 44145  
 Tel/Fax: 440-250-8653

Date: 9/30/16

Name:

Melissa  
 Kennedy

DUE UPON RECEIPT

Day of the Week	Date	Time In - Time Out	Client	Total Hours	Rate/Hr	Total
Saturday	9-17	9AM - 5AM	Seltzer	23	\$14	\$322
Thursday	9-22	11AM - 5AM	Seltzer	21	14	\$294
Saturday	9-24	9AM - 5AM	Seltzer	23	14	\$322
Tuesday	9-27	11AM - 5AM	Seltzer	21	14	\$294
Friday	9-30	11AM - 5AM	Seltzer	21	14	\$294
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

Total 109 x 14 = \$1526

Signature: Melissa Kennedy

Thank You for Your Business

# Invoice

**Certain Care LLC**  
**2193 South Green Road**  
**Cleveland, OH 44121**

Fax # 216-382-5118  
E Mail [Brian@flfinancial.com](mailto:Brian@flfinancial.com)

**Beginning Sunday**      **Ending Saturday**

Week  
Name

6-18-17 | 6-24-17  
Melissa Kennedy

[illegible]

Total  $76.5 \times 16 = \$1224$

**Signature**

Signature Melissa Harvey